

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON

CEDAR PARK ASSEMBLY OF GOD
OF KIRKLAND, WASHINGTON,

Plaintiff(s),

v.

MYRON "MIKE" KREIDLER, et al.,

Defendant(s).

NOTICE OF CIVIL APPEAL

Case No 3:19-cv-05181-BHS

District Court Judge

Benjamin H. Settle

Notice is hereby given that MYRON "MIKE" KREIDLER and JAY INSLEE
(Name of Appellant)

appeals to the United States Court of Appeals for the Ninth Circuit from

Order (Dkt. # 119)

(Name of Order/Judgment)

entered in this action on 07/25/2023
(Date of Order)

Dated: 09/06/2023

Karl David Smith, WSBA #41988
Deputy Solicitor General
Attorney General of Washington
1125 Washington Street SE
Olympia, WA 98504-0100
(360) 664-2510

Name, Address and Phone Number of Counsel for
Appellant or Appellant/*Pro Se*

/s/ Karl David Smith

Signature of Counsel for Appellant or
Appellant/*Pro Se*

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF **Western District of Washington (Tacoma)**

**Form 1. Notice of Appeal from a Judgment or Order of a
United States District Court**

U.S. District Court case number: 3:19-cv-05181-BHS

Notice is hereby given that the appellant(s) listed below hereby appeal(s) to the United States Court of Appeals for the Ninth Circuit.

Date case was first filed in U.S. District Court: 03/08/2019

Date of judgment or order you are appealing: 07/25/2023

Docket entry number of judgment or order you are appealing: 119

Fee paid for appeal? (*appeal fees are paid at the U.S. District Court*)

☒ Yes ☐ No ☐ IFP was granted by U.S. District Court

List all Appellants (*List each party filing the appeal. Do not use "et al." or other abbreviations.*)

Myron Kreidler, in his official capacity as Insurance Commissioner for the State of Washington also known as Mike Kreidler; Jay Inslee, in his official capacity as Governor of the State of Washington

Is this a cross-appeal? ☒ Yes ☐ No

If yes, what is the first appeal case number? 23-35560

Was there a previous appeal in this case? ☒ Yes ☐ No

If yes, what is the prior appeal case number? 20-35507

Your mailing address (if pro se):

City: State: Zip Code:

Prisoner Inmate or A Number (if applicable):

Signature /s/ Karl David Smith

Date Sep 6, 2023

Complete and file with the attached representation statement in the U.S. District Court

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**

Form 6. Representation Statement

Instructions for this form: <http://www.ca9.uscourts.gov/forms/form06instructions.pdf>

Appellant(s) *(List each party filing the appeal, do not use “et al.” or other abbreviations.)*

Name(s) of party/parties:

Myron Kreidler, in his official capacity as Insurance Commissioner for the State of Washington also known as Mike Kreidler; Jay Inslee, in his official capacity as Governor of the State of Washington

Name(s) of counsel (if any):

Karl David Smith; Marta DeLeon

Address: 1125 Washington Street SE, Olympia, WA 98504-0100

Telephone number(s): (360) 664-2510; (360) 753-3168

Email(s): Karl.Smith@atg.wa.gov; Marta.DeLeon@atg.wa.gov

Is counsel registered for Electronic Filing in the 9th Circuit? ☒ Yes ☐ No

Appellee(s) *(List only the names of parties and counsel who will oppose you on appeal. List separately represented parties separately.)*

Name(s) of party/parties:

Cedar Park Assembly of God of Kirkland, Washington

Name(s) of counsel (if any):

David A. Cortman; Kevin H. Theriot

Address: 1000 Hurricane Shoals Rd NE Suite D-1100, Lawrenceville, GA 30043

Telephone number(s): (770) 339-0774; (480) 444-0020

Email(s): dcortman@adflegal.com; ktheriot@adflegal.org

To list additional parties and/or counsel, use next page.

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

Continued list of parties and counsel: *(attach additional pages as necessary)*

Appellants

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):

Is counsel registered for Electronic Filing in the 9th Circuit? ☐ Yes ☐ No

Appellees

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov